

**NROTC PROGRAM**  
**APPLICANT PERSONAL DATA RECORD**

OMB Control Number: 0703-0026, Exp. \_\_\_\_\_

**AGENCY DISCLOSURE STATEMENT**

The public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 4800 Mark Center Drive, East Tower, Suite 02G09, Alexandria, VA 22350-3100 (0703-0026). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

**PLEASE DO NOT RETURN YOUR RESPONSE TO THE ABOVE ADDRESS.**

Responses should be sent to: Commander  
Naval Service Training Command  
2601A Paul Jones Street  
Great Lakes, IL 60088

PLEASE READ THE FOLLOWING STATEMENT REQUIRED BY THE PRIVACY ACT OF 1974 BEFORE COMPLETING THE APPLICATION.

1. *AUTHORITY*: The authority to request this information is contained in: 5 U.S.C. § 301 (Authorizing Departmental Forms and Regulations); 10 U.S.C. § 2107 (Financial Assistance Program); and Executive Order 9397 (Use of Social Security Numbers).
2. *PRINCIPAL PURPOSE(S)*: The information you provide will be used to determine whether you qualify, and should be nominated for, an NROTC Scholarship. If you are nominated, the information will be used to enroll you into NROTC and will be used by the Navy in its management of the NROTC program. The following systems of records notices cover the collection of this information: N01131-1 located at <http://dpclo.defense.gov/Privacy/SORNsIndex/DODComponentArticleView/tabid/7489/Article/6411/n01131-1.aspx>, and N0180-3 located at <http://dpclo.defense.gov/Privacy/SORNsIndex/DODComponentArticleView/tabid/7489/Article/6410/n01080-3.aspx>
3. *ROUTINE USE(S)*: Information provided on the application will be used to screen and select individuals to receive NROTC Scholarships, to maintain data on the NROTC scholarship program, to compare to scholarship applicants from previous or subsequent years, and to provide academic data and contact information to Navy activities and admissions officials at colleges and

universities so they can contact applicants for recruitment purposes. Information you provide in this application is protected by the Privacy Act and will not be released outside the Department of Defense without your permission unless it comes within an exception to the Act or one of the routine uses in 32 C.F.R § 701.112, <http://www.privacy.navy.mil/> and the routine uses set forth here. If you are nominated for an NROTC Scholarship, the information will be released to the top five schools you indicated on your application. Your information and notification of status may also be provided to your high school so they may assist with the final stages of the process.

4. **DISCLOSURE:** The social security number (SSN) is required at the time of application to ensure proper identification of the applicants. There are times applicants have the same names, therefore the SSN is required to ensure proper identification. Providing the requested information is voluntary. However, failure to do so may result in our inability to process your application for the NROTC program.

**FULL NAME:**

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Suffix (Jr., Sr., II, III, IV) \_\_\_\_\_

**DATE OF BIRTH:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**CURRENT AGE:** \_\_\_\_\_ **AGE AT GRADUATION:** \_\_\_\_\_

**SEX:**            ☐ MALE            ☐ FEMALE

**HEIGHT** (in inches) \_\_\_\_\_ **WEIGHT** (in pounds) \_\_\_\_\_

**PROGRAM OPTION APPLYING FOR:** (select only one)

- ☐ NAVY
- ☐ NURSE CORPS

**PROGRAM TYPE APPLYING FOR:** (select only one)

- ☐ 2-YEAR SCHOLARSHIP
- ☐ ADVANCED STANDING
- ☐ 3-YEAR SCHOLARSHIP

**PERMANENT ADDRESS** (Street, City, State, Zip Code - Plus Four)

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**PHONE NUMBER** (Include area code) \_\_\_\_\_

**CELL PHONE** (Include area code) \_\_\_\_\_

**MAILING ADDRESS** (If different than Permanent Address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**ARE YOU A U.S. CITIZEN?**

- ☐ YES
- ☐ NO
- ☐ In process of obtaining citizenship

**HOW OBTAINED?**

- ☐ NATURALIZATION
- ☐ BIRTH

If a Naturalized Citizen, or born outside of the United States, of American parents submit proof of citizenship.

**ARE YOU A CITIZEN OF ANY COUNTRY OTHER THAN THE U.S.?**

- ☐ YES
- ☐ NO

**IF YES, PLEASE SPECIFY COUNTRY(IES) .**

\_\_\_\_\_

**OTHER CITIZENSHIP REMARKS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RACE** (you may select up to 5)

- ☐ AFRICAN AMERICAN/BLACK
- ☐ ASIAN
- ☐ NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER
- ☐ AMERICAN INDIAN/ALASKAN NATIVE
- ☐ CAUCASIAN
- ☐ DECLINE TO RESPOND

**ETHNIC BACKGROUND** (Choose only one)

- ☐ AMERICAN INDIAN
- ☐ ASIAN
- ☐ ALEUT
- ☐ CHINESE
- ☐ CUBAN
- ☐ ESKIMO
- ☐ FILIPINO
- ☐ HISPANIC
- ☐ INDIA INDIAN
- ☐ JAPANESE
- ☐ KOREAN
- ☐ LATIN AMERICAN HISPANIC
- ☐ MELANESIAN
- ☐ MEXICAN
- ☐ MICRONESIAN
- ☐ OTHER PACIFIC ISLANDER
- ☐ POLYNESIAN
- ☐ PUERTO RICAN
- ☐ VIETNAMESE
- ☐ OTHER - NOT IN OPTIONS
- ☐ NONE
- ☐ UNKNOWN

**DO YOU POSSESS ANY LANGUAGE PROFICIENCY OTHER THAN ENGLISH?**

- ☐ YES
- ☐ NO

**IF YES, WHICH LANGUAGE(S)**

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**HOW DID YOU OBTAIN YOUR PROFICIENCY**

- ☐ CIVILIAN SCHOOL
- ☐ FOREIGN RESIDENCE
- ☐ SELF-STUDY
- ☐ OTHER \_\_\_\_\_

**HOW PROFICIENT ARE YOU?**

- FLUENT - speak and understand virtually all types of conversations
- LIMITED - speak and/or understand most general conversations with little difficulty)
- ELEMENTARY - speak and/or understand basic greetings and memorized phrases

**LANGUAGE REMARKS:** (If more than one, please note the most proficient)

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**HAVE YOU PREVIOUSLY ATTENDED OR ARE YOU CURRENTLY ATTENDING THE AIR FORCE, THE NAVAL OR MILITARY ACADEMY PREPARATORY SCHOOL?**

- YES
- NO

**IF YES, COMPLETE THE FOLLOWING**

- CURRENTLY ATTENDING
- USNA PREP (NAPS)
- COMPLETED DATE \_\_\_\_\_
- USAFA PREP/USMA PREP
- DID NOT COMPLETE

**IF ANSWER TO PREVIOUS QUESTION WAS "DID NOT COMPLETE" EXPLAIN:**

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**HAVE YOU EVER SERVED TOURS OF EXTENDED ACTIVE DUTY DRAWING FULL PAY, FROM WHICH YOU WERE DISCHARGED OR SEPARATED TO CIVILIAN STATUS?**

- YES
- NO

**ARE YOU NOW ON ACTIVE DUTY IN THE U.S. ARMED FORCES DRAWING FULL PAY?**

- YES
- NO

**IF YES TO EITHER QUESTION ABOVE, COMPLETE THE FOLLOWING**

- REGULAR
- RESERVE BRANCH OF SERVICE \_\_\_\_\_
- GRADE/RANK \_\_\_\_\_
- ORGANIZATION AND LOCATION \_\_\_\_\_
- DATES OF ACTIVE DUTY:  
FROM (MM/YY) \_\_\_\_\_  
TO (MM/YY) \_\_\_\_\_
- DATES AND TYPE OF DISCHARGE OR SEPARATION:  
DATE (MM/YY) \_\_\_\_\_  
TYPE \_\_\_\_\_

**ARE YOU CURRENTLY A MEMBER OF A U.S. RESERVE OR NATIONAL GUARD ORGANIZATION?**

- YES
  - BRANCH OF SERVICE \_\_\_\_\_
  - GRADE/RANK \_\_\_\_\_
  - ACTIVE                      ○ INACTIVE
  - ORGANIZATION AND LOCATION \_\_\_\_\_
  - DATE TOUR STARTED (MM/YY) \_\_\_\_\_
- NO

**HAVE YOU EVER BEEN REJECTED FOR ANY BRANCH OF THE MILITARY SERVICE OR ROTC?**

- YES (IF YES, EXPLAIN IN REMARKS BELOW)
- NO

**REMARKS**

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**HAVE YOU EVER BEEN A CADET/MIDSHIPMAN AT ANY OF THE U.S. SERVICE ACADEMIES OR ROTC PROGRAMS?**

- ☐ YES
- ☐ NO

**IF YES, WHICH ACADEMY/ROTC PROGRAM**

- ☐ AROTC
- ☐ AFROTC
- ☐ USNA
- ☐ USCGA
- ☐ NROTC
- ☐ USMA
- ☐ USAFA
- ☐ USMMA

**Dates of Attendance**

From: \_\_\_\_\_ To: \_\_\_\_\_

**REASON FOR DEPARTURE**

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**ARE YOU CURRENTLY AN APPLICANT OF OR DO YOU INTEND TO APPLY FOR A ROTC PROGRAM OR SERVICE ACADEMY?**

- ☐ YES
- ☐ NO

**IF YES, WHICH ACADEMY/ROTC PROGRAM**

- ☐ AROTC
- ☐ AFROTC
- ☐ USNA
- ☐ USCGA
- ☐ NROTC
- ☐ USMA
- ☐ USAFA
- ☐ USMMA

**ARE YOU CURRENTLY IN THE DELAYED ENTRY PROGRAM? (DEP)**

- ☐ YES
- ☐ NO

**IF YES, WHAT IS YOUR SHIP DATE (MM/YY)** \_\_\_\_\_

**NAMES AND ADDRESSES OF HIGH SCHOOL(S) ATTENDED**

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**DATE OF ENTRY (MM/YY)** \_\_\_\_\_ / \_\_\_\_\_

**DATE OF DEPARTURE (MM/YY)** \_\_\_\_\_ / \_\_\_\_\_

**DATE OF GRAD (MM/YY)** \_\_\_\_\_ / \_\_\_\_\_

**NAMES AND ADDRESSES OF COLLEGE ATTENDED/ATTENDING**

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**DATE OF ENTRY (MM/YY)** \_\_\_\_\_ / \_\_\_\_\_

**DATE OF DEPARTURE (MM/YY)** \_\_\_\_\_ / \_\_\_\_\_

**DATE OF GRAD (MM/YY)** \_\_\_\_\_ / \_\_\_\_\_

**CURRENT OR INTENDED ACADEMIC MAJOR** \_\_\_\_\_

**CURRENT ACADEMIC CLASS**

- Freshman (or rising Sophomore)
- Sophomore (or rising Junior)

**PLEASE LIST THE NAMES OF COURSES IN PROGRESS OR PLANNED FOR COMPLETION DURING THE CURRENT ACADEMIC YEAR**



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HAVE YOU EVER BEEN PLACED ON SUSPENSION, PROBATION, OR EXPELLED FROM HIGH SCHOOL, COLLEGE, CIVILIAN PREPARATORY SCHOOL OR ANY OTHER ACADEMIC INSTITUTION?

- YES
- NO

IF YES, COMPLETE THE FOLLOWING:

DATE \_\_\_\_\_

REASON \_\_\_\_\_

HAVE YOU EVER BEEN ARRESTED, CONVICTED, OR FINED FOR ANY VIOLATION OF LAW?

- YES

IF YES, GIVE COMPLETE DESCRIPTION OF INCIDENT(S) AND IF APPLICABLE STATE NAME AND PLACE OF COURT, NATURE OF OFFENSE, DATE AND DISPOSITION OF CASE.

If selected as a midshipman, in order to grant a Security clearance, a complete background investigation will be made. Failure to report any such incident may be grounds for dismissal).

- NO

REMARKS:

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ATHLETIC ACTIVITIES

IDENTIFY THOSE SPORTS AND ANY RECOGNITION RECEIVED FOR YOUR

[illegible]

- POOR
- FAIR
- STRONG

- ONCE A MONTH OF LESS
- THREE TO FIVE TIMES A MONTH
- MORE THAN 5 TIMES A MONTH

○ YES  
 IF YES, GIVE COMPLETE DESCRIPTION OF LEADERSHIP POSITIONS  
 HELD IN REMARKS SECTION.  
 ○ JROTC Service \_\_\_\_\_  
 ○ CAP

- REMARKS :

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IDENTIFY THOSE NON-ATHLETIC ACTIVITIES AND ANY RECOGNITION RECEIVED FOR YOUR PARTICIPATION; INCLUDE ACTIVITIES IN HIGH SCHOOL, COLLEGE OR IN THE COMMUNITY.

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## 11

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PERSONNEL STATEMENTS COMPOSE YOUR OWN RESPONSES.  
DISCUSS YOUR REASONS FOR WANTING TO BECOME A NAVAL OFFICER.  
SPECIFICALLY COMMENT ON LEADERSHIP POSITIONS YOU'VE HELD, THE  
CHALLENGES YOU HAVE FACED AND THE LESSONS YOU HAVE LEARNED.

[illegible]

**WHAT DO YOU DO TO MAINTAIN OR IMPROVE YOUR PHYSICAL FITNESS?**

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**DURING A TYPICAL SCHOOL WEEK HOW MANY HOURS DO YOU SPEND:**

AT SCHOOL \_\_\_\_\_

DOING HOMEWORK \_\_\_\_\_

ENGAGED IN ATHLETIC TEAM ACTIVITIES \_\_\_\_\_

ENGAGED IN EXTRA-CURRICULAR ACTIVITIES (CLUBS) \_\_\_\_\_

ENGAGED IN VOLUNTEER ACTIVITIES \_\_\_\_\_

OTHER (EXPLAIN)

\_\_\_\_\_

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**IF NOT APPLYING FOR A NURSE OPTION SCHOLARSHIP, WHICH  
UNRESTRICTED LINE COMMUNITY DO YOU WISH TO COMMISSION INTO AND  
WHY?**

- SURFACE WARFARE
- NAVAL AVIATOR (PILOT)
- NAVAL FLIGHT OFFICER (AVIATOR)
- SUBMARINE OFFICER
- EXPLOSIVE ORDNANCE DISPOSAL OFFICER
- SPECIAL WARFARE OFFICER

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I CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND CORRECT  
TO THE BEST OF MY KNOWLEDGE.

I HAVE NO CONVICTION OR BELIEFS WHICH WOULD PROHIBIT MY  
SERVING IN AN UNRESTRICTED MILITARY STATUS.

PRINT YOUR FULL NAME EXACTLY AS IT IS SHOW ON YOUR BIRTH  
CERTIFICATE OR AS SHOWN ON ANY OFFICIAL DOCUMENT WHICH  
CHANGES YOUR NAME

APPLICANTS PRINTED NAME \_\_\_\_\_

APPLICANTS SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_